

I-POWER

Inviting Ideas for Improvement

USDA-ARS

TRACKING NUMBER:

DATE SUBMITTED:

CURRENT METHOD:

MY (OUR) IDEA FOR IMPROVEMENT:

ADVANTAGES AND/OR BENEFITS:

I (WE) BELIEVE MY (OUR) IDEA WILL:

- ☐ INCREASE PRODUCTIVITY ☐ IMPROVE SERVICE ☐ IMPROVE METHODS ☐ REDUCE COSTS ☐ IMPROVE QUALITY
☐ PREVENT ACCIDENTS ☐ IMPROVE MORALE ☐ OTHER (Specify) _____

SUBMITTED BY (Individual or Team Leader):

AGENCY

TEAM MEMBERS (List members if applicable.)

OFFICE ADDRESS (Individual or Team Leader):

TELEPHONE NUMBER:

FAX NUMBER:

SIGNATURE:

INTERNET ADDRESS:

TO BE COMPLETED BY I-POWER COORDINATOR

DATE RECEIVED:

RECOMMENDED EVALUATION OFFICE:

DATE TO EVALUATOR:

DATE TO ADA/AD:

ADOPTED

☐ YES ☐ NO

SIGNATURE (ADA/AD):

DATE SIGNED:

DATE I-POWER ADMIN

TO BE COMPLETED BY EVALUATOR

EVALUATOR'S NAME (Last, First, MI):

EVALUATOR'S ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

INTERNET ADDRESS:

COMMENTS/RECOMMENDATIONS

DATE EVALUATED:

AGENCY PANEL REVIEW

AGENCY REVIEW DATE:

ADOPTED

☐ YES ☐ NO

SIGNATURE (Panel Chair):